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WHAT A NURSE SHOULD KNOW ABOUT SYPHILIS

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The beginning of syphilis is shrouded in mystery. The land of its origin has been sought, but no people seem desirous of giving its country the ignominy of being the birthplace of the disease.

Claims have been made that the Bible "leprosy" was syphilis, and that the diseases described by Greek and Latin authors of medical works as destructive skin diseases were unrecognized syphilis. It is to be doubted, however, if syphilis as we know it, was known to the old world prior to the return of Columbus from his trip to the West Indies.

Salvador Brau, a Porto Rican, has made a study of the origin of syphilis in the West Indies. He insists that there is no evidence of syphilis having existed in these islands. He says that there was no word in the old Indian tongue by which such a disease was known, nor was there a treatment for such a devastating sickness. "Why," he asks, "if the disease were thought to come from the Indies, did the disease in Europe not receive the name of 'Mal de Indies' among the list which included 'French sickness,' 'Italian sickness,' 'Gaelic sickness,' 'Portuguese sickness,' 'Spanish sickness,' etc., by which every region (following the great spread of syphilis, after the disbanding of the unsuccessful army of Charles VIII) attempted to saddle on its neighbor the infamy of the disease's birth?"

We need not, for our purposes, delve deeper into the pre-Columbian existence of syphilis. The outstanding fact is that following the return of Columbus from his voyage to the new world, a new disease was recognized which spread like wild fire. Between 1496 and 1500, from Ireland on the west, to Japan on the east, the known world became infected. The disease at the time of its appearance, as described by the medical men of the time, was a more destructive one than known at the present day. This gives credence to the idea that it was a new disease among the people.

From the list of names of many men who devoted their time and dedicated their pens to the study of syphilis, we shall mention but a few.

Fracastoro (1484-1553), whose Latin poem, first published in 1530, has been translated into English prose, gives several fantastic interpretations as to the arrival of syphilis in the world. Fracastoro has the distinction of naming the disease from the *swineherd* hero of his poem.

For a century or more, great arguments were in vogue among the philosophical medicos of the period as to the unity of the three diseases, ill-named the venereal diseases, syphilis, chancre, and gonorrhea. It was left to Hunter (1728-1793), to confuse the students of the period by a single experiment, supposedly on himself, of transplanting gonorrheal pus to the skin with resulting chancre. Unfortunately for the advance of science, Hunter had experimented with pus from an intro-urethral syphilitic chancre, and henceforth believed gonorrhea of mucous membranes could become syphilis of the skin.

For seventy years the "unists" reigned, and it was left to Ricord (1799-1889) to establish, by over 500 experiments, that syphilis and gonorrhea are distinct diseases. But even to-day, some people with gonorrhea ask their physicians, "Will it turn into syphilis?" showing how lasting a wrong conclusion may be.

Fournier (1832-1916), the student of Ricord, followed his master. The subject of syphilis from the chancre to the grave was investigated by this great man. Social problems of syphilis were considered by him as well as the baffling subjects of hereditary syphilis and its manifestations, both early and late. Although Fournier was wrong in his idea that nerve syphilis was caused by the toxins of syphilis rather than by syphilis itself, he has left his mark, and from his time, modern knowledge of syphilis begins.

Hutchinson (1828-1913), took up in England the methods of study pursued by the able Frenchman. His name has been associated with the notched upper incisor teeth of hereditary syphilis.

The greatest advances in syphilology have been made in our own century, and through the newer sciences of chemistry, bacteriology, and serology.

In 1903, Metchnikoff and Roux proved that the higher apes could be inoculated with syphilis. They demonstrated, also, the feasibility of preventing syphilis by the early use of mercurial inunction over the site of inoculation.

In 1905, Fritz Schaudinn (1871-1906), working with Erich Hoffmann, demonstrated under the microscope the causative agent of syphilis the *spirocheta pallida*, or, as Schaudinn later named it, the *treponema pallidum*.

In 1906, Wassermann (1866-), working with Neisser and Bruck, brought to the profession a practical blood test for the detection of syphilis which now bears his name, "Wassermann test." This laboratory procedure has probably done more to clarify the 400 years of clinical observations on syphilis than any other single contribution to its study.

In 1910, Paul Ehrlich (1854-1916), distributed to the heads of various syphilitic clinics about the world, samples of a synthetic arsenic preparation for the treatment of syphilis. Salvarsan was the result of "606" experiments to produce a drug which has the greatest poisonous action on the cause of syphilis and is, at the same time, almost harmless to the living tissue of the patient. Within a short time, the results of the use of the drug in every possible manifestation of syphilis proved that a specific had been found. Although Ehrlich's idea that one dose would sterilize the patient, ("therapia sterilisans magna"), has not been sustained, salvarsan is to-day our standby in the treatment of syphilis. Ehrlich did not stop with "606," but proceeded with his experiments until "914," or neosalvarsan, had been produced. Just prior to his death, Ehrlich produced a newer drug called "natrium salvarsan," which combined the good features of both "606" and "914."

In 1911, Noguchi, the Japanese wizard, succeeded in growing the *spriocheta pallida* on artificial media. Later, collaborating with Moore, he demonstrated the *S. pallida* in the brain tissue of paretics, definitely proving that this nervous affection is the direct result of syphilis.

(To be continued)

VALUE OF THE CLINICAL METHOD OF TEACHING IN NURSING SCHOOLS¹

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In our training schools for nurses, more than in almost any other kind of school, do pupils have the opportunity of seeing theory and practice taught side by side; and in no better way can we correlate theoretical and practical teaching than on the wards of our hospitals. Yet in spite of this open field, we have often failed to make this correlation, and the student nurse whose idea in coming to the hospital is to learn to care for the sick, finds her chief interest in the wards, and pigeonholes much of her instruction in a part of her experience labeled "theory only," associating it with text-books, blackboards, microscopes and classrooms in some part of the day's program, disassociated with her chief business,—the care of the patient.

¹ Read at a meeting of the National League of Nursing Education, Chicago. June, 1919.